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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/802,808 03/08/2001 PAT 7,010,351 which claims benefit of 60/217,981 07/13/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 10/25/2001**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 12	TOTAL CLAIMS 49	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature 	Initials			

**ADDRESS**  
25096

**TITLE**

SYSTEMS AND METHODS FOR AUTOMATICALLY OPTIMIZING STIMULUS PARAMETERS AND ELECTRODE CONFIGURATIONS FOR NEURO-STIMULATORS

FILING FEE RECEIVED 757	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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